



**DUSTIN McDANIEL**  
ATTORNEY GENERAL  
OFFICE OF THE ATTORNEY GENERAL  
323 CENTER STREET, Suite 200  
LITTLE ROCK, AR 72201-2610 (501) 682-2007

---

### **FUND-RAISING COUNSEL APPLICATION FOR REGISTRATION**

Pursuant to Ark. Code Ann. § 4-28-401 *et seq.*, fund-raising counsel is a person or entity, who for a flat fixed fee or fixed hourly rate, under a written agreement, plans, conducts, manages, carries on, advises, or acts as a consultant, whether directly or indirectly, in connection with soliciting contributions for, or on behalf of, any charitable organization, whether directly or indirectly, in connection with soliciting contributions for, or on behalf of, any charitable organization, but who actually solicits no contributions as a part of the service. Fund-raising counsel does not receive or control funds or assets solicited for charitable purposes nor does counsel procure or employ any compensated person to do so. No lawyer, investment counselor, or banker who advises a person to make a contribution shall be deemed, as a result of that advice, to be a fund-raising counsel. A bona fide salaried officer or employee of a registered or exempt charitable organization shall not be deemed to be a fundraising counsel. Fund-raising counsel must properly register with the Office of the Attorney General, prior to commencing performance pursuant to the contract. Registration as fund-raising counsel in the State of Arkansas must be renewed on an annual basis. Once registration is effective, it remains so for one (1) calendar year. This form should be used for initial registration, renewals, and information changes. **IF THERE IS ANY CHANGE IN CONTACT INFORMATION PLEASE INFORM OUR OFFICE IMMEDIATELY.**

### **INSTRUCTIONS:**

- ☐ A. Answer all items completely. This form will be returned without filing if it is incomplete, contains blank responses, or otherwise fails to comply with Ark. Code Ann. § 4-28-401 *et seq.*
  - ☐ B. Include a \$100.00 annual registration fee, payable to the Office of the Attorney General.
  - ☐ C. You must notify the Consumer Protection Division of any change(s) in the information contained in this application within thirty (30) days of any such change(s). Notification of any change(s) must be in writing. This form should be used to notify the Consumer Protection Division of such changes.
  - ☐ D. Attach an executed copy of the Consent for Service for Fund-raising Counsel form.
  - ☐ E. This form, along with all required attachments, must be submitted prior to the fund-raising counsel commencing performance pursuant to the contract. Any charity identified in the registration of the fund-raising counsel must be duly registered before fund-raising counsel commences performance of the contract with that charity.
  - ☐ F. Mail to: Office of the Attorney General –Consumer Protection Division  
ATTN: Charitable Registration  
323 Center Street, Suite 200  
Little Rock, Arkansas 72201-2610
-

THIS APPLICATION IS:

☐ **NEW** (FEE REQUIRED) ☐ **RENEWAL** (FEE REQUIRED) ☐ **INFORMATION CHANGE ONLY** (NO FEE REQUIRED)

1. \_\_\_\_\_  
LEGAL NAME OF FUND-RAISING COUNSEL

\_\_\_\_\_  
ANY PREVIOUS LEGAL NAME(S)

2. \_\_\_\_\_  
PHYSICAL ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
MAILING ADDRESS (if different from physical) CITY STATE ZIP CODE

3. \_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
DESIGNATED CONTACT PERSON TELEPHONE NUMBER  
FOR CORRESPONDENCE

\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
DESIGNATED CONTACT PERSON'S E-MAIL

4. Names of programs or promotions, aliases, and/or fictitious name(s) for your operation:

\_\_\_\_\_  
\_\_\_\_\_

5. Other name(s), alias(es), and/or fictitious name(s) by which you have ever been known:

\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever had your registration or renewal denied, suspended, revoked, or enjoined by any governmental authority or any court? ☐ NO ☐ YES. **If so**, explain in detail and attach a copy of any such judgment, notice, or order:

\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been sued for fund-raising-related activities? ☐ NO ☐ YES. **If so**, explain in detail and attach a copy of any such judgment, notice and/or order for such occurrence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or private settlement with a government authority? ☐ NO ☐ YES. **If so**, explain in detail and attach a copy of any such document: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Have you (if you are an individual) ever been charged, arrested and/or convicted of a crime other than a simple traffic violation? ☐ NO ☐ YES. **If so**, state the charge(s), the state(s) involved, and, if convicted, attach a copy of each relevant judgment or court order: \_\_\_\_\_

\_\_\_\_\_

10. Have any officers, directors, partners, managers, or supervisors ever been sued for fund-raising-related activities?  
☐ NO ☐ YES. **If so**, explain in detail and attach copies of the lawsuit, judgment, decree and/or court order for each such occurrence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Have any officers, directors, partners, managers, or supervisors ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or other private settlements with any governmental authority?  
☐ NO ☐ YES. **If so**, explain in detail and attach a copy of any such document: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Have any officers, directors, partners, managers, or supervisors ever been charged, arrested and/or convicted of a crime other than a simple traffic violation? ☐ NO ☐ YES. **If so**, state the charge(s), state(s) involved and, if convicted, attach a copy of each relevant judgment and/or court order:  
\_\_\_\_\_  
\_\_\_\_\_
13. List the legal names of the charitable organizations which you will be providing counsel and the time frame of service:  
\_\_\_\_\_  
\_\_\_\_\_
14. Is the registrant a corporation or other entity (not an individual)? ☐ NO ☐ YES **If so**, provide the following information:  
a. Name of corporation/entity \_\_\_\_\_  
b. State in which registrant is incorporated and/or organized \_\_\_\_\_  
c. Address - principal place of business \_\_\_\_\_  
d. Telephone number - principal place of business (include area code) \_\_\_\_\_
15. State the names, addresses, and telephone numbers of all persons (including individuals, organizations, trusts, foundations, associations, partnerships, and/or corporations) who own a ten percent (10%) or greater interest in the registrant: (Attach additional sheets if necessary.)
- |                           |                           |
|---------------------------|---------------------------|
| (a) _____<br>Name         | (b) _____<br>Name         |
| _____<br>Address          | _____<br>Address          |
| _____<br>Telephone Number | _____<br>Telephone Number |
| (c) _____<br>Name         | (d) _____<br>Name         |
| _____<br>Address          | _____<br>Address          |
| _____<br>Telephone Number | _____<br>Telephone Number |
16. Provide a detailed description of any other business related to fund-raising conducted by the registrant or any person who owns ten percent (10%) or more interest: \_\_\_\_\_

17. Provide the name, date of birth, residence street addresses, mailing addresses (if different), and residence telephone numbers of all officers, directors, partners, managers, and supervisors of the fund-raising counsel: (Attach additional sheets if necessary.)

Name	Title	Date of Birth		
		( )		
Address	City	State	Zip Code	Telephone Number

Name	Title	Date of Birth		
		( )		
Address	City	State	Zip Code	Telephone Number

**I swear and/or affirm, under penalty of law, that the representations made in this application are true and accurate.**

Legal Name of Fund-Raising Counsel

By:

Signature

Printed Name

Title/Official Position

**NOTARY**

STATE OF \_\_\_\_\_ )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Notary Public

County of Residence

Printed Name

STAMP or SEAL:

